

civil surgery in the field? And the answer is always the same—All that the circumstances permit. To understand this requires rather character than learning. The English and Americans are full of character; hence military surgery has much to thank them for.

"For the development of character they possess two efficient elements—a national feeling, and a liberal free education. Of the working of these upon the field of battle, and in the military hospital, this work of MacCormac's affords a picture. Its stand-point may be sought for in its spontaneity. Every one knows, without being told, what he has to do. And herein consists the sympathetic character of the work; it is not learning which is so evident, but rather a charitable, philanthropic heart. It bleeds sometimes, but the clear head maintains its mastery.

"And now farewell to the Anglo-American ambulance. I send its members, far over land and sea, my most friendly greetings. Farewell also to thee, War surgery, to whom, since 1848, I have devoted so many hours by day and night, I could never regret, because I long since felt what awaited Germany. It is over!

"May a long, honourable peace reward her heroes—military surgery will not then pass away. It has, as MacCormac says, no mysteries for the civil surgeon, when he, as this one, stands at the level of his time." J. H. B.

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ART. XXXVI.—*Partial Paralysis from Reflex Irritation, caused by Congenital Phimosi and Adherent Prepuce.* By LEWIS A. SAYRE, M.D., Vice-President of the American Medical Association, etc. etc. (Extracted from the Transactions of the American Medical Association.) 8vo. pp. 9. Philadelphia: Collins, Printer, 1870.

In this little pamphlet Prof. Sayre first gives an account of three remarkable cases, one of paralysis, simulating spasmodic contraction of both knee-joints, and two of partial paralysis of the legs, in all of which the origin of the affections was traced to the existence of phimosi, complicated in two instances by adhesion of the mucous lining of the prepuce to the glans penis. In each case a perfect cure was effected by circumcision.

By a curious coincidence, three cases of hip disease were on the same day brought to Dr. Sayre's office, and in none could he at first find any history of injury, or other local cause of the affection. Discovering that in one case phimosi was present in a marked degree, Dr. Sayre asked the patient's father whether his child had, before becoming lame, been active and sure-footed, and was told in reply that, on the contrary, the boy was excessively clumsy, and "was tumbling down all the time." Upon examining the other patients, they too were found to be subjects of phimosi, and the "local origin" of the hip disease, in each instance, was thus rendered at least probable; for, as justly remarked by Dr. Sayre, repeated slight falls, though each may seem trivial in itself, may in the aggregate prove the source of as much harm as a single injury which would at first attract more attention.

Dr. Sayre advises that, in cases of phimosi in children in which the prepuce is not markedly redundant, the operation of circumcision should be replaced by the milder procedure of tearing the foreskin from the glans, aiding the re-

traction of the prepuce by making one or more slight nicks at its narrowest part.

Dr. Sayre's cases are in themselves interesting, and are particularly valuable in serving to direct attention to a source of reflex irritation which has not been as generally recognized as it should be.

J. A., JR.

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ART. XXXVII.—*On the Treatment of Intra-thoracic Aneurism by the Distal Ligature.* By CHRISTOPHER HEATH, F.R.C.S., etc. (Reprinted with additions from the *Lancet*.) 8vo. pp. 24. London: J. & A. Churchill, 1871.

THIS little pamphlet completes the history of the well-known case in which Mr. Heath, in November, 1865, tied the right common carotid and right subclavian arteries for aneurismal disease, which was at the time supposed to involve the innominate artery, but which was subsequently proved to have been aortic. The patient received very decided benefit from the operation—the aneurismal tumour greatly diminishing in size, and all the urgent symptoms of the case passing away—and for two years it appeared as if the improvement would be permanent; as the result, however, of a very irregular mode of life and of the rather injudicious treatment to which the patient was subjected on one of the numerous occasions on which she was found drunk in the streets, the progress of the disease was ultimately renewed, and death followed external rupture of the sac in December, 1869. The post-mortem examination showed, as already mentioned, that the aneurism was of the aorta and not of the innominate artery.

Mr. Heath refers to Mr. Maunder's case, in which the double ligature was likewise used for supposed innominate aneurism (death following on the sixth day, when the aorta was found to be the artery chiefly involved); and adds the details of a second case in which he attempted to repeat his former operation, but was obliged to desist on account of the aneurismal sac extending much further than had been anticipated. This case also terminated fatally, from hemorrhage, on the sixth day.

Mr. Heath's case is of very great interest, not only because recovery followed so severe an operation as the simultaneous ligation of the subclavian and carotid arteries, but because it also shows that aneurism of the thoracic aorta is not entirely unamenable to surgical treatment. At the same time it is evident that the circumstances could very seldom arise in which a prudent surgeon would consider operative interference justifiable if the aorta were known to be the seat of disease.

Mr. Heath's pamphlet is adorned with two excellent lithographic plates taken from the Transactions of the London Pathological Society: one illustrates his own case, and the other the celebrated case in which Mr. Fearn successfully tied the carotid, and two years afterwards the subclavian artery, for innominate aneurism.

J. A., JR.